Workplace Safety in Rural Dementia Care Settings

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The Nature of Nursing Practice in Rural and Remote Canada

Aim:

- to examine and articulate the nature of registered nursing practice in primary care, acute care, community health, continuing care (home care) and long term care settings within rural and remote Canada

The Study Components

- Survey (Dementia Care subset)
- Registered Nurses Data Base (RNDB)
- Narrative Study
- Documentary Analysis

http://ruralnursing.unbc.ca

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(Total - $592,000)

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- **Canadian Institute for Health Information**

Survey Method

- Mailed questionnaire with persistent follow-up
  (Dillman's Tailored Design Method)

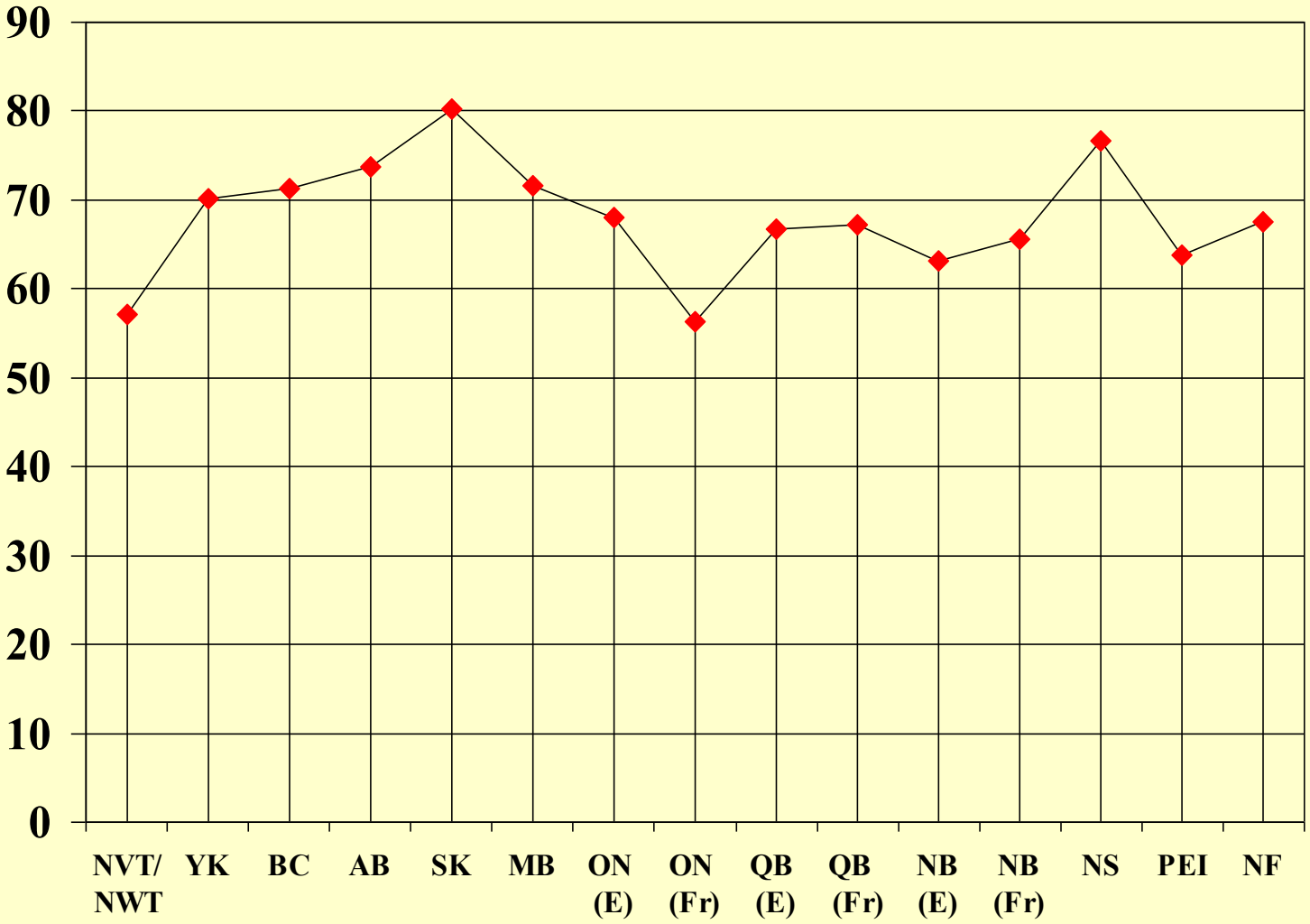
- Sample (N=3933)
  1) random sample of registered nurses (RNs) living in rural areas in all Canadian provinces
  2) total population of RNs who work in outpost settings or the northern territories

Survey Response Rate = 68%

- 7065 - questionnaires mailed out
- 153 - explicit refusals
- 1696 – not heard from (implicit refusals)
- 1114 - wrong address, duplicate registration, moved (no forwarding address), deceased
- 169 - completed but ineligible (lived rural but worked urban, retired, long-term disability)
- 5782 - eligible respondents [7065-(1114+169)]

CALCULATION: 3933/5782 = 68%

Sample Response Rates by Province and Territory (N=3933)



Source: 2001-2002 Nursing in Rural and Remote Canada Survey

Person-Environment Fit (Dementia Care)

Patient as "Person"

- Nursing role to create therapeutic social and physical environment
- Safety for patient, resident, or client

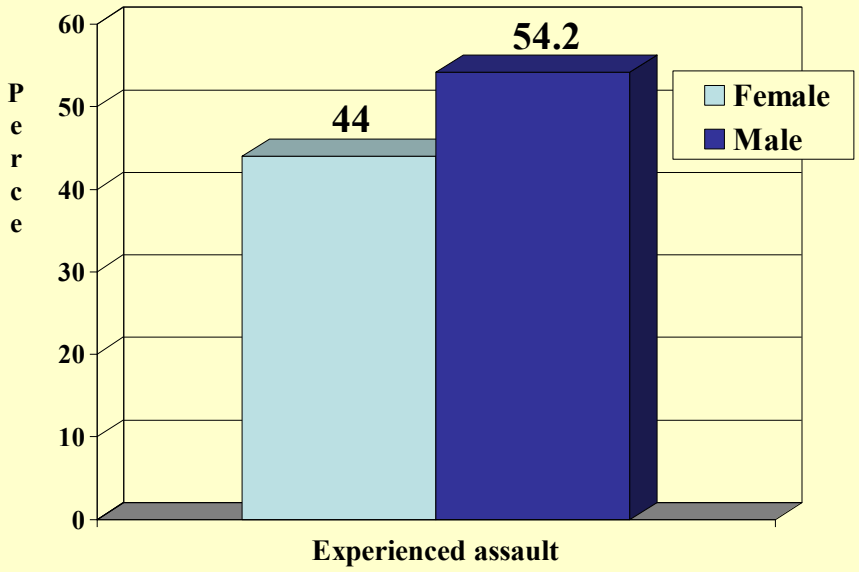
Nurse as "Person"

- Reciprocal issue for nurse working with aggressive patient/resident/client
- Workplace safety for nurse
- Rural health reform

"In the past *4 weeks that you worked*, did you experience any of the following while carrying out your responsibilities as a nurse?"

a) Physical assault
b) Threat of assault
c) Emotional abuse
d) Verbal/sexual harassment
e) Sexual assault

Examples of 'aggressive episode'



Source: 2001-2002 Nursing in Rural and Remote Canada Survey (n=1738)

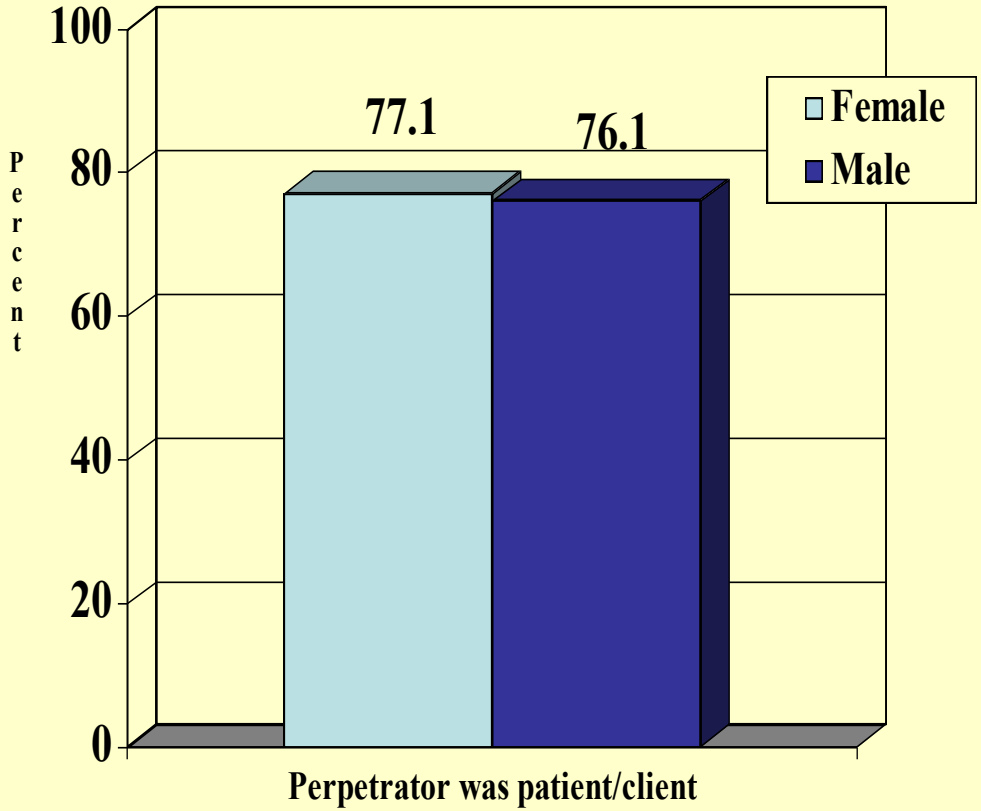
- 44.6% (n=1738) of all nurses experienced an 'aggressive episode' in the workplace
- Male nurses were significantly more likely ($p < .05$) to experience aggression while working

Perpetrator of aggressive episode

(n = 1738; 44.6% of N = 3894)

- Patient/client 77% (1338/1738)
- Family/Visitor 22.8% (396/1738)
- Nursing Co-worker 19.3% (336/1738)
- Physician 13.1% (228/1738)
- Community Member 8.3% (144/1738)
- Other 6% (105/1738)

Patient/client was a perpetrator of at least one 'aggressive episode' experienced by nurse



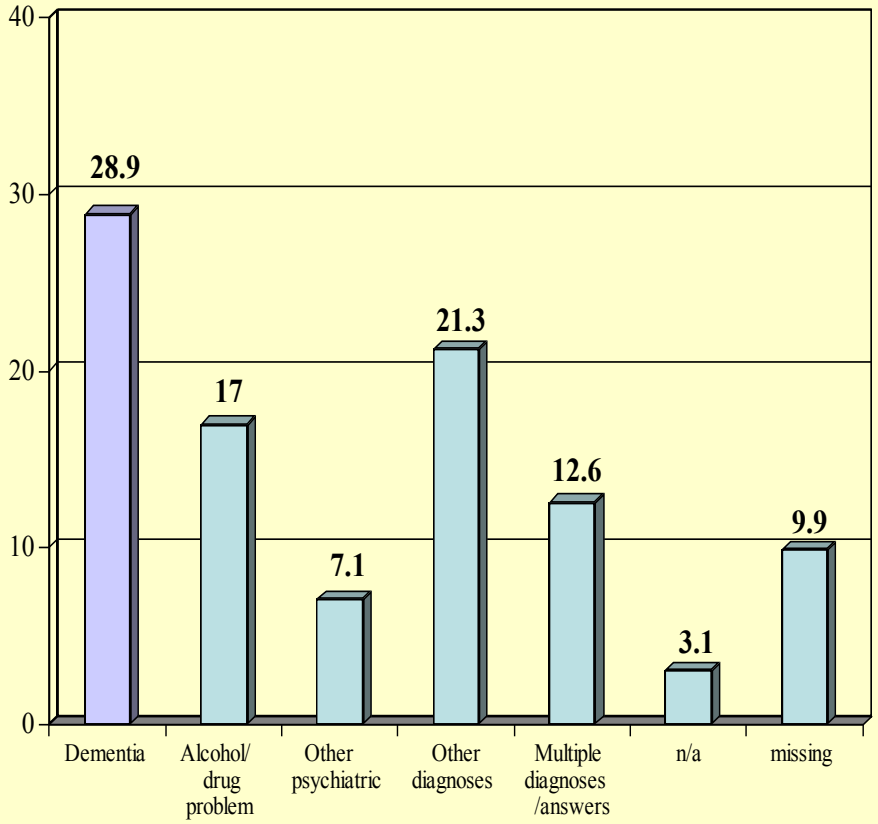
Source: 2001-2002 Nursing in Rural and Remote Canada Survey (n=1338)

- 77% (1338/1738) of *all* nurses who experienced an 'aggressive episode', indicated that a patient/client was a perpetrator in at least one instance.
- No gender difference

Primary diagnosis of patient/client perpetrator

Of nurses who indicated that a patient/client was a perpetrator of at least one 'aggressive episode' (n=1338):

- 28.9% (387/1338) indicated that the primary diagnosis of patient/client was 'dementia'.



Source: 2001-2002 Nursing in Rural and Remote Canada Survey (n=1338)

Dementia Care Sample (n = 387)

Includes nurses who:

1) indicated an 'aggressive episode'
and
2) indicated that the primary diagnosis of patient/client aggressor was 'dementia'

Age

- mean = 44.24 years

Gender

- 96.6 % female, 3.4% male

Education (nursing)

- 91.7% Diploma
- 12.7% Baccalaureate
- 3.1% Advanced Nursing Practice

Non-Dementia Care Sample (n=3413)

Includes those nurses who:

1) did not indicate an 'aggressive episode'
or
2) indicated that their aggressor was a person other than a patient/client
or
3) the patient/client aggressor had a primary diagnosis other than 'dementia'

Age

- mean = 44.54 years

Gender

- 94.7 % female, 5.4% male

Education (nursing)

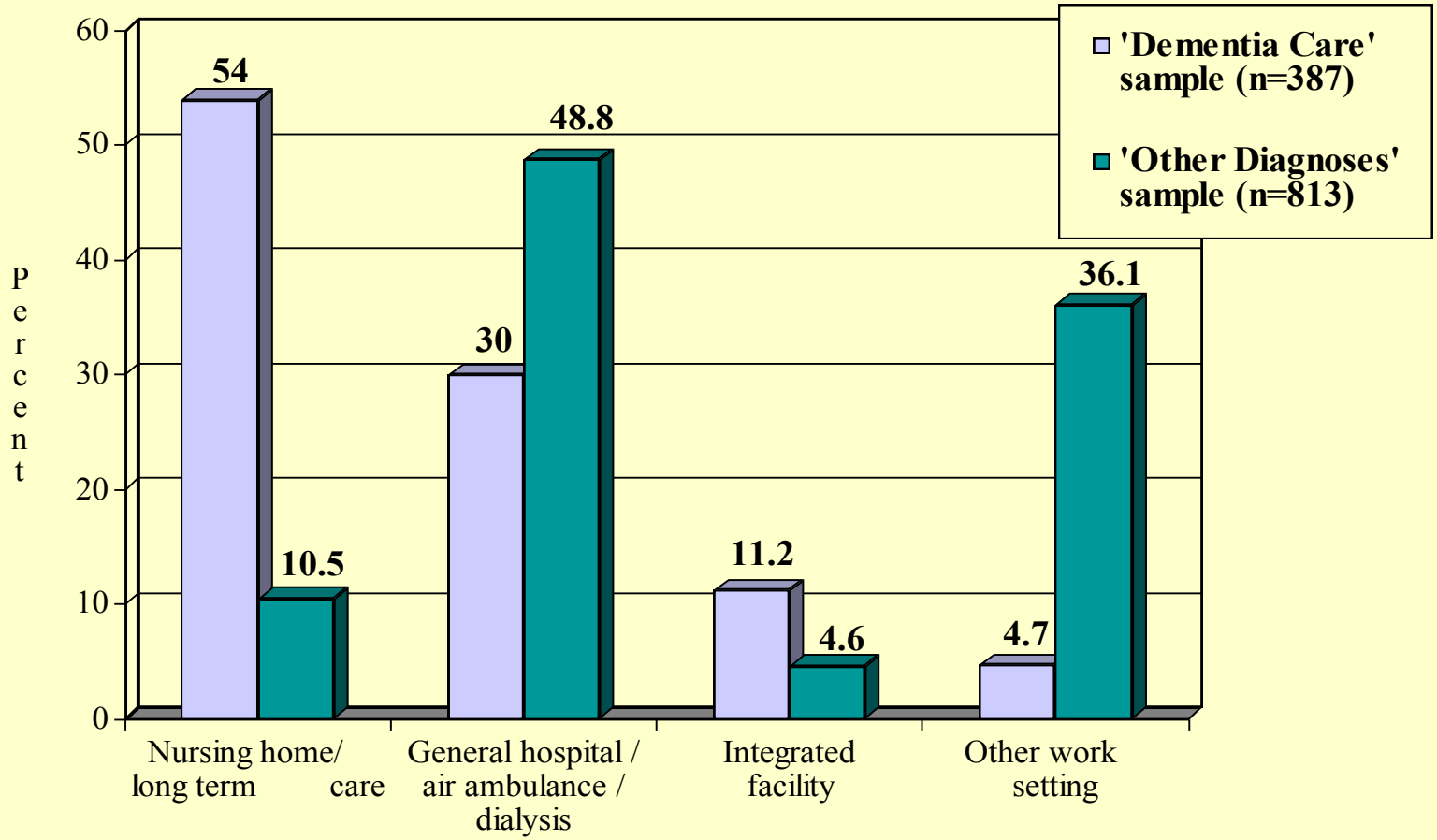
- 84.2% Diploma
- 28.9% Baccalaureate
- 6.3% Advanced Nursing Practice

Prevalence of Aggression (n=387)

- Physical assault – 76.2% (n = 295)
- Threat of assault – 51.2% (n = 198)
- Emotional abuse – 30% (n = 116)
- Verbal/sexual harassment – 20.9% (n = 81)
- Sexual assault – 1.6% (n = 6)

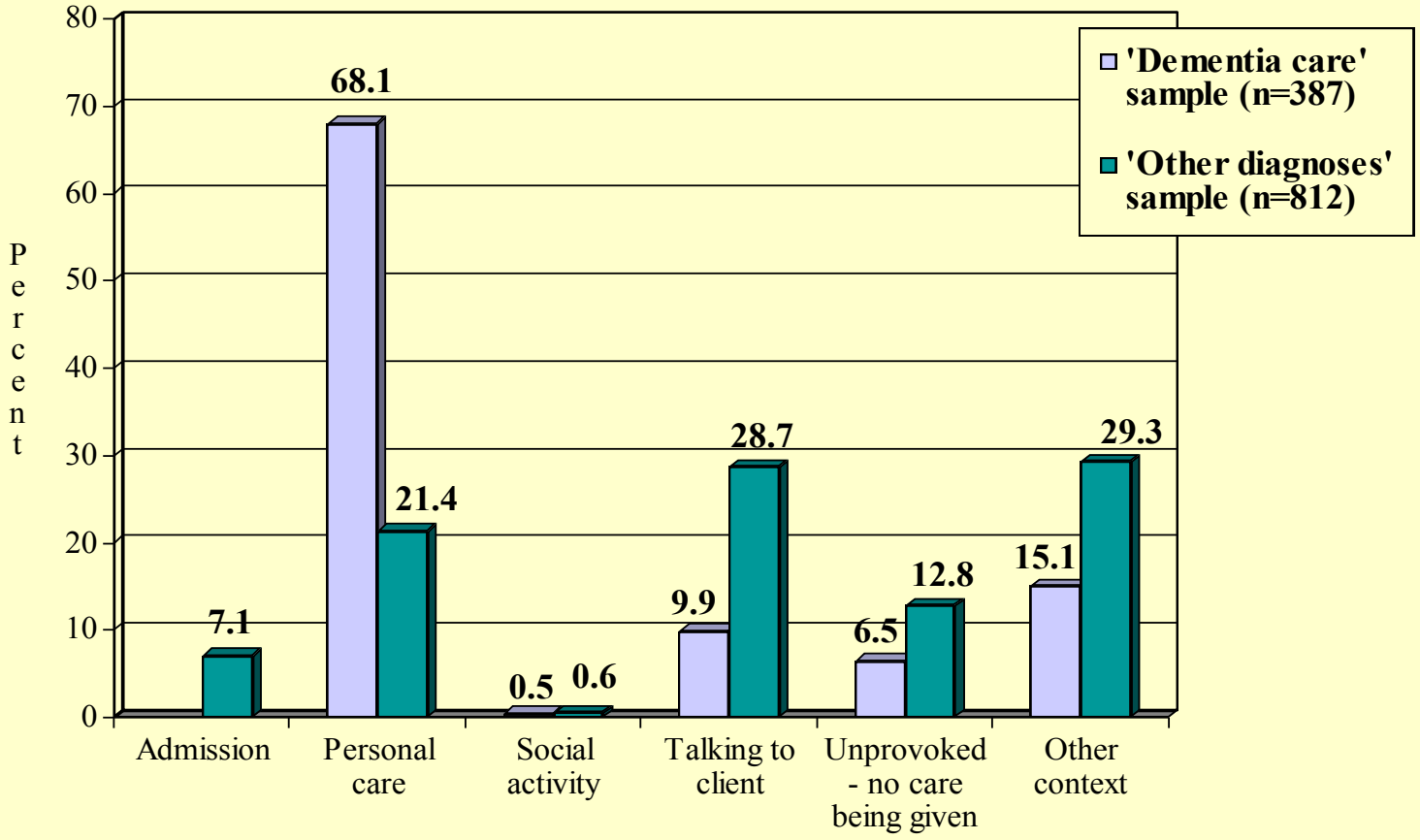
Note. All 387 experienced aggression from dementia clients, but above numbers may include experiences of aggression from clients with other diagnoses as well (e.g., other psychiatric).

Work setting, according to 'dementia care' and 'other diagnoses' samples



Source: 2001-2002 Nursing in Rural and Remote Canada Survey

Most frequent context of aggression within workplace, according to 'dementia care' and 'other diagnoses' samples



Source: 2001-2002 Nursing in Rural and Remote Canada Survey

Most Distressing Incident

- Never expected it: 33.5% (n=124)
- Just part of my job to be hit by clients: 26.1% (n=98)
- Feared for my life: 4.5% (n=17)
- Afraid of serious injury: 19.9% (n=75)
- Sleep disturbed by incident: 24.2% (n=91)
- Needed emotional support after: 22.7% (n=85)
- Want education to deal effectively with aggressive clients: 69.8% (n=264)

Quotes from RNs
Range of Experiences

- "I do not take their acts of aggression personally. I look at how can we decrease the threat that this client is experiencing so they do not feel the need to defend themselves."
- "…prolonged care…patients with dementia and other psychological problems, aggressiveness is always omnipresent with certain patients…aspect that I detest the most with my work."

Quotes from RNs re: Knowledge

- "Staff that work with demented patients/residents should have proper training on how to handle aggressive behaviors."
- "There has been a course given on Alzheimer's disease and other dementias, which was helpful."
- "An important component of my knowledge base is how to deal with aggressive residents. Sometimes situations can be diffused, sometimes they cannot."

Quotes from RNs re: Intent to Hurt

- “dementia patients…no lasting emotional problems when they cause harm. Most distressing incident – manipulative staff member - vindictive, vengeful (reprimanded for poor treatment of elderly residents).”
- “Some residents you can deal with because they do not know what they are doing or saying. Others I feel know better – so it is harder to deal with”

Quotes from RNs re: Workplace Issues

- "More RN staff would decrease safety issues with clients with dementia or other psychological problems."
- "Increased staffing levels would allow for slower approach which would allow residents more time to adjust, accept and/or participate…" (prevention)
- "The most distressing incident was when, at a time of high workload, new residents continued to be accepted for admission…unsafe resident-staff ratio"

Conclusion

- **Knowledge transfer** – need for education (urban-based knowledge; adapt for rural context)
- **Staffing policy** – safe ratios; staff mix (RNs have psychiatric nursing educational background)
- **Critical incident stress debriefing** – psychosocial support for staff; strategies for change in approach
- **Anticipatory crisis intervention** – develop strategies
- **Policy of support** – communication (staff nurse and management)